

ON

LEGISLATION AND PROVISION

FOR THE CARE

OF

THE INSANE.

BY

ALEXANDER WATSON WEMYSS, M.D., F.R.C.S.E.,

FORMERLY ONE OF THE SURGEONS OF THE ROYAL INFIRMARY OF EDINBURGH,
&c. &c. &c.

EDINBURGH :

M A C L A C H L A N & S T E W A R T .

1 8 6 1 .

varicose, rectifications a prode
varicose, F-Royal College of
Royal College of Physician, w
13611 b2.1967143

PREFACE

Much discussion has of late taken place to be made for Pauper Lunatics, in consequence of the Act for Scotland. The subject is not of small importance, as it demands the most serious attention—but it is an obligation, as well as of charity and duty.

Several provisions of the Act are not popular in the community, but are viewed with great disapprobation. The extensive and uncontrolled powers given to the Board of Commissioners for appointing the District Boards of Asylums—the unlimited powers of taxation of Lunatics to Asylums, &c. These have, however, been introduced into the Bill by the Committee, and have not been retained in it, have made it very unpopular, and had a bad reception throughout the country.

But it was very generally admitted that some additional legislation on the this Act, being now law, demands obedience may be charged against it. Some expected will soon be

The cause is an urgent and a good one, and it is the duty of every one to lend his aid to it. I feel called upon to take a part in it. My long experience in regard to Hospitals for the Sick, as also my knowledge of Asylums, might enable me to contribute to those laymen to whom the subject will be referred, upon their acting as members of District Committees. The subject will be fully discussed at the next meeting of the Committee.

The subject is not only important, difficult— involving many questions, unit of the extent of jurisdiction.

...the extent of information required
many of them admit of a differ-

卷之二十一

P R E F A C E.

Much discussion has of late taken place regarding the provision to be made for Pauper Lunatics, in consequence of the late Lunacy Act for Scotland. The subject is not only an interesting one, but demands the most serious attention—being now a matter of legal obligation, as well as of charity and duty.

Several provisions of the Act are not only unsatisfactory to the community, but are viewed with great jealousy. Among these are the extensive and uncontrolled powers of the Lunacy Board—the mode of appointing the District Boards—the power to order Asylums—the unlimited powers of taxation—the mode of committing Lunatics to Asylums, &c. These, and other provisions contained in it, have made it very unpopular, so that it has generally had a bad reception throughout the country.

But it was very generally admitted when the Act was passed, that some additional legislation on the subject was required; and this Act, being now law, demands obedience, even although many faults may be charged against it. Some of these, however, it is expected, will soon be amended in Parliament.

The cause is an urgent and a good one. And considering it to be the duty of every one to lend his aid, however feeble, in such a cause, I felt called upon to take a part in accomplishing what the Act requires in the county of my residence. I ventured to think that my long experience in regard to Hospitals and other Institutions for the Sick, as also my knowledge of Insanity and Lunatic Asylums, might enable me to contribute some useful information to those laymen to whom the subject was new, but who were called upon to act as members of District Lunacy Boards, in carrying out the provisions of the Act.

The subject is not only important, but it is also complex and difficult—involving many questions not easily solved, both on account of the extent of information required for their decision, and because many of them admit of a difference of opinion.

I have lately directed particular attention to several of these questions, especially connected with the treatment and accommodation required for Pauper Lunatics.

I have also endeavoured to point out and explain the principles, or essential circumstances, which experience has established, and which ought to be kept in view, in the construction of Lunatic Asylums. In doing so I was anxious to solve the somewhat difficult problem of combining, under the same roof, suitable accommodation for all classes of Pauper Lunatics, who might be considered proper objects for care and treatment in such an Institution.

The view which I have all along taken of the subject has been chiefly a medical one ; and the efficient and economical construction of an Asylum has been one of my principal objects—conceiving that an Asylum is indispensable, and that much of its utility would depend on its construction ; because, if its arrangements were unsuitable, it might be worse than useless. Efficiency, therefore, I have always considered the first object ; economy only the second. The arrangements for efficiency cannot be much varied ; while those with reference to economy admit of great latitude. But I have left the financial questions to others more competent to judge of them than myself. I have pointed out what accommodation I consider to be indispensable, and the least which is compatible with efficiency, as also the proper arrangement of its interior—leaving the architect to construct the buildings required, in the most economical manner.

In the following pages, I now beg leave to offer a few remarks on the general questions regarding legislation and provision for the insane, in connection with the lately passed Lunacy Act for Scotland. And it will give me great pleasure if I am thus, in any degree, instrumental in the proper adjustment of a subject deeply interesting to society in many respects, but chiefly as a matter of humanity and charity.

A. W. W.

Denbrae, St Andrews,
24th October 1861.

ON LEGISLATION AND PROVISION FOR THE CARE OF THE INSANE.

The proper care of the insane, including not only maniacs, but imbecile persons and idiots, has now attained such magnitude and importance as to claim for it the best attention of the philanthropist and the physician. The philanthropist is called on to employ his humane and charitable efforts for the relief, safety, and proper care of a formerly much-neglected class of his fellow-beings—of themselves helpless and often dangerous. The physician is called upon to exercise the knowledge, skill, and experience of his honourable profession, in applying the means which may be in his power, for the medico-moral management and treatment of a disease, in most cases, curable, though this may be often difficult, from its complex nature, and the absence of the necessary means. But their united exertions require, from several peculiarities, the aid of the Government, for carrying into effect such measures as they may devise and deem best for the proper accomplishment of this great object ; the disease being, when incurable and not of a fatal tendency, such as to require safe custody for the subjects of it, that their condition may be alleviated by enlightened, judicious, and humane treatment.

At the present time there is much clamour in the ephemeral journals of the day with regard to this subject. A circumstance which obviously arises from zeal without knowledge; for there never was a time when the treatment and care of the insane was so well attended to (though this may still be very imperfect and require amendment), as they are at present. We no longer see on the public streets or highways the neglected, wandering imbeciles, who were wont to be the cruel sport of idle boys, and who, not unfrequently, were left to commit the greatest crimes. The individual cases of lunatics are better inquired into, and are better treated—mechanical restraint has been almost entirely laid aside—confinement to dark closets and cellars among straw, like wild beasts, abolished—they are generally much better fed, clothed, exercised, employed, amused, doctored, and attended to, than ever they were at any former period. And this change has been accomplished chiefly by the Lunacy Boards of England and Scotland, and by well-conducted public and private asylums, where, instead of their resembling dungeons and prisons—cold, dark, and cheerless, with treatment often harsh, and the opposite to humane—they are now made to resemble the cheerful country residence of a family circle, with convenient airing grounds; and where, although secure, there is no appearance of confinement, and physical coercion, restraint, and seclusion have been changed into useful employment and amusement, conducted by attendants, selected for their kind sympathy, humanity, and forbearance.

Where the treatment is now otherwise, it is an exception ; and is not to be considered the prevailing system. There may be various degrees of the above amelioration of treatment to be seen in different places, occasioned by the want of proper means or proper superintendence ; but, from such cases, the present state is not to be condemned in the unmeasured terms often seen.

And the Legislature, by a full and stringent Act lately passed, has shown an anxious desire to carry into effect those measures considered best and necessary for the care, relief, and improvement in the condition, of all insane persons.

Whence, then, all this outcry against the present enlightened system now in progress, and which is effecting such beneficial changes ? It is not from the profound or the learned that it comes, or from those best acquainted with the subject. Certainly not ; but from those who, by their not taking the trouble to acquire the requisite information on the subject, are not only ignorant of it, but make broad and sweeping assertions without a vestige of proof in support of them. And, to this sort of declamation they are too often prompted by considerations of (so-called) economy ; but, in reality, of niggardly or narrow-minded parsimony. For, it is too obvious that, in many districts of the country, the first, the main, if not the only, consideration, is in regard to the expense or cost, and not as to what is necessary and proper to be done in the spirit of benevolence and charity, towards the discharge of an important moral duty. But the vague assertions of such parties admit of easy refutation.

When the question is confined, in the first instance, to the main object, the proper care of the insane poor, the chief contention seems to be, whether Asylums, Poor-houses, or private Cottages, should form the mode of treatment.

Upon this very important point it could easily be shown, (as is now generally admitted) that, to a certain extent, each of these modes may be practised, provided the accommodation and attendants are appropriate, and a proper discrimination is exercised in selecting the cases suitable for them ; but it could also be shown, that none of these methods could, with propriety, be adopted to the exclusion of the others. The kind of treatment by each of these is different ; and each may be suitable to particular cases, but not to others. But, it must now be admitted by all that, a certain amount of curative Lunatic Hospital accommodation is indispensable for the proper care and medico-moral treatment of recent cases of insanity, with a view to their recovery.

It might also be considered as settled by recent experience that, the proper treatment of pauper lunatics should consist in the judicious use of these three modes of disposal of the patients, when they are available and of a suitable kind, and provided the cases are properly selected.

There was a time, not long gone by, when the accommodation in ordinary Poor-houses for pauper lunatics was, very properly, generally condemned as insufficient and objectionable. But some of these have been of late so greatly improved, by the formation of Lunatic wards, that these objections have

been almost completely obviated. The accommodation has been so altered and improved, by making it nearly resemble that of an asylum, that their wards have now been rendered suitable for a considerable proportion of cases. But the difference to the patients, if any, in regard to this accommodation and that of an asylum, cannot be great, while the cost of maintenance is much the same ; so that it is not easy to discover proper reasons for any preference to this kind of treatment ; while, in the wards of asylums, proper care and medical superintendence are always at hand, whatever may happen to be required ; and the amplitude of their airing grounds and means of occupation, which can be used with safety yet without feeling of restraint, surely make the latter well worthy of a preference.

It has been said above that pauper lunatics might be accommodated or disposed of in three different ways, provided these were suitable as to the premises and attendants, and a proper selection of the cases for each, is made with discrimination and judgment. These requirements are indispensable. I say so, because of the great difference in the nature and condition of the cases to be provided for requiring different kinds of treatment. The cases of maniacs may be acute or chronic—recent or of long standing—calm or outrageous—curable or incurable ; some are well behaved, quiet, and orderly ; others are noisy, irascible, and violent —while imbecile persons and idiots may be quiet and harmless, or mischievous ; they may be easily managed, able to take some care of themselves, or be serviceable to others, or they may be help-

less, or have bad habits ; and, though incurable, many of them may be capable of improvement and considerable enjoyment of life.

Persons so very differently affected cannot now be mixed or jumbled together, as formerly they have been, without reprobation and blame; for, while this would be injurious to many, it would deprive others of having the benefit of those sanitary means, which might, under other circumstances, be applied for their cure ; besides incurring, for many cases, an extravagant expense—uncalled for, and unnecessary for their care.

The result of experience in the treatment of this disease has been that, of new and recent cases admitted into the best asylums, an average of from 30 to 50 per cent. are cured within twelve months from the time of becoming ill, and the deaths are 10 per cent. ; other 10 per cent. (of the same cases) are cured within the first two years of their illness, while, in the remainder, the disease is generally found to become chronic and incurable. There is, therefore, a continually increasing accumulation of chronic and incurable cases in all these institutions, which, if retained there, fill the asylum with a mixture of different cases, to which different modes of treatment may be applied, by placing some of them either in other wards suitable for their individual cases, or in separate houses of a less expensive character. This constitutes a Mixed Asylum, in contradistinction to a Lunatic Hospital or Curative Asylum, where patients are allowed to remain only for such a limited time as affords a prospect of cure.

Where the annual number of curable patients in a district is small (such as only 20 or 30 new cases occurring annually), there is both economy and expediency in having accommodation within one Institution for all classes of cases ; and, although such an establishment may, possibly, be somewhat more costly at first than different and separate houses, for the different classes of patients, yet, this mixed asylum of a moderate size, will ultimately be found to be the most efficient and the most suitable for the wants of a district of such extent as to contain within it, only from 200 to 300 insane paupers.

In order to explain this more particularly, and render it more easily understood, I lately published the sketch of a plan for a mixed Asylum, in which the accommodation, although altogether strictly that of a Lunatic Asylum, was suited to the different classes of cases which might require to be admitted into it, so that the different, but suitable, treatment could be applied to each. I did so chiefly to explain and exhibit the principles upon which such a building should be constructed and arranged. And, as the most simple way of making this to be understood, I stated that while one part of it formed a complete Curative Asylum, another resembled the accommodations of a Poor-house,* with the requisite additions. Such an arrangement

* The ordinary Poor-house accommodation, as contrasted with that of an Hospital or Curative Asylum, consists usually of large associated dormitories, used also as day-rooms, with a large dining hall, and without proper airing grounds. While the curative Asylum consists chiefly of single bed-rooms, day-rooms, with proper airing grounds and means of recreation and employment, combined with safe custody, but without the appearance of coercion or restraint.

would obviate any need for classifying patients previous to admission, or providing an Asylum solely for incurables ; for each would afterwards be put into his appropriate place. But this most rational, most suitable, and most economical arrangement called forth the warning voice of ignorant presumption, to all in authority, not to apply different kinds of treatment in the same house !

The accumulated cases within any district very much resembles the accumulated cases within a large mixed Asylum of some years' duration. In such an Asylum it will be found, that of the whole inmates (consisting of recent and chronic cases together) not more than 10 or 12 per cent. are to be considered curable ; and, therefore, neither in any district nor mixed Asylum is there any occasion for the accommodations of a curative Asylum for more than 10 per cent. of the whole. What is necessary for the remainder is accommodation, certainly of an Asylum character, as to classification, care, and safety, but of less expensive construction. The proper combination of these two somewhat different kinds of accommodation, which may be called Primary and Secondary Wards, with their necessary adjuncts of Refractory and Infirmary Wards, appears to me to form the great and important problem which at present requires to be solved. How far I may have contributed to effect this, I leave others to judge. But although considerable latitude may be practised in the arrangement of some of the minor details, there are certain rules or principles which may be considered necessary for efficiency, and expedient for proper treatment and

economy ; and these cannot be departed from, as experience has shown, without causing afterwards much inconvenience and expense in making alterations, which, even at best, may not prove satisfactory.

Although the mixed Asylum above described would afford all the necessary and appropriate accommodation for different cases under one roof, the same might also be obtained by other two different plans. 1st, By a central Curative Asylum, having attached to it Refractory and Infirmary Wards ; and, within the same grounds, Secondary Wards for chronic and incurable cases, of a less costly description.* 2nd, By the proper adaptation of Wards in Poor-houses for the accommodation of pauper lunatics ; and providing, at the same time, sufficient attendants, airing grounds, and means of occupation. To a certain extent, and for selected cases, this mode might be made suitable ; but, in point of efficiency, and for the welfare of the patients, it would not be so satisfactory as a mixed Asylum, which, for a great number of cases, could not be dispensed with.

Plans for an Asylum cannot be left entirely to an architect, however eminent in his profession ; for, on the proper arrangement of the different parts of the Asylum depend the classification, subdivision, separation, and proper treatment of its inmates. Now, a knowledge of these arrangements, which experience has found to be necessary and most con-

* This mode has been recommended by the Commissioners in Lunacy for England, and carried into effect at Chester, Liverpool, Devon, and Birmingham, where these secondary houses have been erected at a cost of only about £40 per bed.

venient, can only be derived from the medical profession, who are the best judges of what is required ; while the work of the architect should be confined to the material construction of the building—the stability of the walls, the security of the roof, and the construction of whatever is required for safety, for heating, ventilating, and draining, with all other constructive and mechanical details.

It has often been said that, as the late Act of Parliament requires alteration and amendment, no steps should be taken in providing district Asylums until it is ascertained what these may be.

Several provisions of the Act loudly call for amendment ; but in regard to Asylums or house accommodation for pauper lunatics, it is not easy to conceive that any alteration is likely to be made, unless to make the erection of these more stringent. No advantage whatever is, therefore, likely to arise to counties or ratepayers from delay in executing this part of the work, while great inconvenience and hardship must necessarily result.

REMARKS ON THE LUNACY ACT.

The Lunacy Act for Scotland is a very comprehensive one, being a consolidation and extension of former Acts, intended to secure the proper care, safety, and property of lunatics of all classes.

This is to be done by the supervision and control of a Central Board, District Boards, and other Functionaries as Inspectors ; and for pauper lunatics by the erection of Asylums, and by licenses to Poor-Houses and others, into which they may be admitted.

No impartial person, I conceive, can look into this Act without observing that much trouble and ability have been bestowed upon it, with a view to render it complete, and make it generally applicable. The subject is a very difficult and complex one in many respects, and few persons acquainted with it will question the propriety and expediency of most of its provisions.

But, as might be expected in an Act hurriedly passed through Parliament, there are a few points in its provisions which are open to a difference of opinion, while others might be amended. Upon several of these I now propose to offer a few remarks.

CENTRAL BOARD OF CONTROL.

Lunatics being unable, and so disqualified, for taking care of themselves and their property, the State, or Government of the country, is required to interpose for their protection. Hence laws were early enacted for this purpose. But in order to have these laws properly administered some Board or Deputation is of necessity required under the Government, just as Magistrates and Judges are appointed for the administration of the Criminal and Civil Laws—a Board of Inland Revenue for the collection of the taxes—a Board of Supervision for the poor, to see that the law is properly carried into effect. Indeed, it might be shown that concentration and centralisation are always aimed at, and make progress in science, in politics, and in law, as education, experience, and civilisation advance. By

a Central Board, not only would the law be properly enforced, but it would be so in a uniform manner over all the country.

But several objections have been made to this Central Board—1st, on account of the general dislike to the multiplication of Boards ; 2d, because the duty, so far as pauper lunatics are concerned, should be discharged by the Board of Supervision for the Poor.

1. There is too much reason to think, from previous experience, that without some superior general controlling power, the provisions of the Act would, in many cases, be very imperfectly carried into effect. This is very generally admitted ; but the objectors do not suggest any proper substitute for the Board provided by the Act, which they would displace.

2. It may seem somewhat extraordinary that the care of pauper lunatics, provided for by Parochial Boards, under the direction and control of the Board of Supervision, should not continue to be under the charge of this Board, with such new powers and proper means given to it, as may now be found necessary. This Board, however, signally failed in taking proper care of these unfortunate paupers, and as supervision is also required towards lunatics, not paupers, it is not surprising that the Government should have considered it best to constitute a new and distinct Board solely for the purpose of the care of all classes of lunatics. Properly qualified commissioners, or inspectors, would be required under the Board of Supervision, and it is not very obvious that any advantage would arise

from their being under that Board. It could not give them better assistance in solving many difficult questions which would come before them, as to the confinement, treatment, and proper care necessary for individual cases, than a special Lunacy Board, and would prove a great hindrance to their operations.

A Central Board of Control, then, is indispensable, to whom independent and ample powers are given for the welfare of all lunatics, both as to their malady and their civil rights and interests.

It forms of necessity a governing Board, which is essential for securing uniform and well-regulated management. It is required as constituting the mainspring of the whole machinery for accomplishing the objects of the Act. It is required to make rules and regulations for all Asylums and Licensed Houses for Lunatics, as well as for their superintendents, inspectors, and inferior officers, and to see that these are carried into effect by their properly discharging their duties.

This governing Board should not consist solely of medical men, as intended by the Act after 5 years from its becoming law. For, according to the evidence of Lord Shaftesbury, Chairman of the Lunacy Commissioners for England, "the business transacted by the Board is entirely civil in ninety-nine cases out of 100. A purely medical case does not come before us once in twenty Boards." Medical men are not always the best judges of financial and legal matters, which are foreign to their training and habits of thought. Having these to attend to would injuriously divert their minds from other important objects belonging to their own profession,

which require their attention ; and the Board would be much the better of having a mixture of legal and financial knowledge to guide its deliberations.*

The change in the Board intended by the Act would, therefore, not be any advantage, but rather the contrary. The only alteration which seems advisable is, that the Chairman should be a paid official, like the Chairman of the Board of Supervision.

In regard to the powers given to this General Board by the Act, Section IX. seems very ample. But many remarks might be made to show that, in some respects, the powers of the Board are too great, and in others not sufficient. They are too arbitrary as to building Asylums, because other suitable accommodation (at least in part) might be provided in Poor-houses, or otherwise, for pauper lunatics ; and the powers of the Board as to cost being arbitrary and unlimited, should be under some control, such as by an appeal from the District Boards or rate-payers to the Sheriff or Court of Session ; the Board having already power by the Act to make an appeal of this kind, in case of non-compliance of counties. It is but reasonable, therefore, that counties should have the same, if they consider any resolutions of the Board to be oppressive or uncalled for.

The very important duty of visitation by the Commissioners and District Inspectors of all Asylums and Houses in which Lunatics are kept, seems amply provided for by the Act. But in several re-

* The Board of Commissioners in Lunacy for England consists of eleven members, of whom 3 are barristers and 3 medical men.

spects there seems to be a want of power to carry into effect and enforce what may be found wanting in the proper care and treatment of the patients.*

Powers are also continued by this Act for the visitation of Asylums, &c., by Sheriffs and Justices of the Peace ; but their powers are limited to the insertion of their remarks in a book kept in the Asylum or House. They should also have power to communicate directly with the Board, or be required to report.

By Sect. LXVIII., “the management and superintendence of District Asylums” is to be under the care of the District Boards, expressed in terms as if independently of the General Board. But if this is not intended, it should be so stated and expressed.

The District Boards are appointed by the Prison Boards of counties. This arrangement is very objectionable. It makes the District Boards too independent of the Commissioners of Supply, who are the chief parties who contribute the funds, and who, therefore, should have, at least, that control over the Board which their appointment gives. Those parties, also, whom the Commissioners of Supply may deem best qualified for the office may not be those appointed. The Commissioners of Supply should, therefore, appoint their representative members of the District Board, in the same way as they do those for the Prison Board.

District Boards should also report estimates of intended expense to Commissioners of Supply and Magistrates of Burghs for their approval, before laying them before the Central Board.

* See Reports of Board for Scotland.

DEFINITION AND CLASSIFICATION OF LUNATICS.

A definition of lunatic, practically applicable to all cases, has given rise to differences of opinion among medical men, from the difficulty of the subject arising from its complexity. A comprehensive and, at the same time, generally applicable definition would be, ‘that a lunatic has one or more of the faculties of the mind impaired, which is accompanied with, or induces a defect in, the comparing and reasoning faculties.’ But a more scientific definition would be, “that insanity is a condition in which the intellectual faculties, or the moral sentiments, or the animal propensities—any one or all of them—have their free action destroyed by disease, whether congenital or acquired.”*

In all cases of insanity there is a disease, or morbid state, of the brain, which may be more or less partial or complete; and, hence, it may be manifested by disordered functions or faculties, different in their nature, probably according to the part most affected and extent of the disease. Thus, it may be indicated by disorder, to a greater or less extent or degree, of the intellectual, the emotional, or of the volitional faculties. This has given rise to the enumeration of different *forms* of insanity (not different kinds), such as religious madness, suicidal, theftuous, &c.

Again, when different *kinds* of lunacy or insanity are spoken of, the meaning refers to its being acute, or chronic—congenital, or acquired, in its nature.

When the simple classification of cases is adopted,

* Bucknill & Tuke on Insanity, page 78.

(which I ventured to suggest at the meeting of delegates from counties held at Edinburgh 30th Nov. 1859) of idiocy and mania, these become individually more easily and distinctly defined. This division or classification, too, is most useful for practical purposes.

All cases must belong to one or other of these two *kinds* of mental disease, or, more properly, of disease of the brain.

<i>General or Kinds.</i>	<i>Species or Different Forms of the Disease.</i>	<i>Character or State of Patient from the Disease.</i>							
I. IDIOCY, Consisting of defective mental powers, from deficient organisation or mal-formation from birth, causing imbecility or amentia.	<ol style="list-style-type: none"> 1. Mind weak, but sane and rational to a certain extent ; capable of instruction, care of self, and of working under instruction. 2. Incapable of education, care of self, or of working. 3. No intellectual or reasoning faculties ; complete helplessness. 	Harmless.							
II. MANIA OR INSANITY, Consisting of mental faculties disordered, from disease of brain acquired after birth.	<table border="0"> <tr> <td rowspan="2">1. Acute</td> <td>1. Insanity, incoherence, or madness.</td> <td rowspan="2">For the most part dangerous, and not to be trusted.</td> </tr> <tr> <td>2. Delirium Tremens.</td> </tr> <tr> <td>2. Chronic</td> <td> <ol style="list-style-type: none"> 1. Monomania. 2. Melancholia. 3. Dementia or fatuity. </td> <td>Harmless.</td> </tr> </table>	1. Acute	1. Insanity, incoherence, or madness.	For the most part dangerous, and not to be trusted.	2. Delirium Tremens.	2. Chronic	<ol style="list-style-type: none"> 1. Monomania. 2. Melancholia. 3. Dementia or fatuity. 	Harmless.	
1. Acute	1. Insanity, incoherence, or madness.		For the most part dangerous, and not to be trusted.						
	2. Delirium Tremens.								
2. Chronic	<ol style="list-style-type: none"> 1. Monomania. 2. Melancholia. 3. Dementia or fatuity. 	Harmless.							

In some cases there is a combination of different degrees of Idiocy and Mania in the same individual.

Each of the above may be complicated with other diseases of the nervous system, such as hydrocephalus, paralysis, or epilepsy.

The adoption of the term "Lunatic" in this

country for an insane person or idiot is certainly a very absurd one, denoting that the disease is connected with the moon ! In other countries it is different, and it is now nearly altogether discarded by medical men ; so the sooner it is abolished the better. It would surely be better to speak of insane persons, or those of deficient intellect, than of lunatics ; and, in place of Lunatic Asylums, to designate them—Hospitals or Asylums for the Insane.

The definition of the word “ lunatic,” given in the Act is, that it “ shall mean and include any mad or furious or fatuous person or persons, so diseased or affected in mind as to render him unfit in the opinion of competent medical persons to be at large, either as regards his own personal safety and conduct, or the safety of the persons and property of others or of the public.”

This “ interpretation” of the word “ lunatic” has been animadverted upon as imperfect. It certainly seems to be rather a definition of dangerous lunatics, than one generally applicable ; for, there are many cases not dangerous, yet so disordered in mind as to require removal for care and treatment, either to an hospital or licensed house for insane persons. Such cases would not come under the above definition. Hence the new definition of “ lunatic” introduced into the Amendment Bill of last session of Parliament by the Lord-Advocate.

On the proposition to the Edinburgh meeting above alluded to, that a classification of lunatics should be made, into dangerous, incurable, curable, and fatuous or imbecile, a discussion of considerable length took place, in which I stated that—

"Having for many years been obliged to pay attention to this subject, I am convinced that a general classification of all the lunatics included in the Act could be made into two classes—the one including all cases of idiocy of every kind, and the other all cases of maniacs or insane persons. All those who are idiotic or imbecile are what may be called harmless, and might be kept either in Poor-houses or with friends ; while all maniacs I hold to be dangerous, and they ought to be sent to an asylum. If you divide all the lunatics into these two classes, you have an easy mode of solving the question whether they are curable or incurable. In almost all cases the class of idiots are incurable, and the others for the most part are curable, and ought always to be considered so in the early period of the disease, and therefore they should all be sent to an asylum. As I think there is a great practical advantage to be got by the classification, and as I hold that it is perfectly possible, I approve of the resolution to the effect that there should be a classification. In asylums it is absolutely necessary in order to apply the proper modes of treatment."

In the Bill for the amendment of the Act introduced into Parliament by the Lord Advocate last session, it was proposed to alter the meaning of the word "lunatic" to the same as that in the Act for England. "The word 'lunatic' shall mean and include every person of unsound mind, and every person being an idiot." Thus recognising this as a necessary definition, and including, in these two classes only, all insane persons and idiots. This interpretation has been considered to be too general, from a fear that harmless persons who are only somewhat "weak in mind" might be confined in Asylums. But this is sufficiently guarded against by the medical certificates having to bear upon them that the individual is not only a lunatic, but also that he is a proper person to be detained under proper care and treatment, being similar to the terms of the Act for England.

Now, when it is considered that Certificates of

competent and properly qualified medical men, to the effect that the individual is either insane or an idiot and requires to be placed under proper care and treatment, are required to be given after personal examination, and under a heavy penalty in case of false statement, for his removal and care, it is only necessary that these should contain their opinion as the result of their examination of the patient. The minute definition of the form, nature, or kind of disease must be left to be settled by the medical profession. To enter into their professional and scientific views in regard to these, in all cases as they occur, would be useless and absurd. Hence the propriety and expediency of the general terms of the definition of "lunatic" as now proposed in the Act, leaving the responsibility and proper opinion of the case to the medical men. They being the sole and proper judges of the case, there can be no occasion for their "grounds" of opinion being inserted in their certificates. Schedule (D) of the Act should therefore be altered. The certificates go before the Sheriff, who is not qualified to judge as to any facts stated, whether or not they bear out the opinion given. This is excluded by the words of the Act, "in the opinion of competent medical persons." Were the Sheriff called upon to form such an opinion or judgment of the case, he would require to become qualified in medical science, and himself examine the patient. But, in case of doubt, dispute, or difficulty, he should have power to call for the opinions of other medical men of his own appointment.

As to a more minute and special classification of the cases in order to regulate their treatment,

this must be left to the medical superintendent of the asylum or house to which the patient may be sent, when, by observation, he ascertains the nature of each individual case.

WARRANT OF CONFINEMENT AND DISCHARGE.

No Lunatic can be confined in an Asylum or Licensed House without a warrant or authority from the Sheriff of the County to do so. This he grants upon an application of some friend or relative of the patient, accompanied by certificates from two medical persons who have personally examined him, and who are of opinion that he is a lunatic, an insane person, or of unsound mind (or an idiot), and a proper person to be detained under care and treatment.

Upon a similar application and certificates, either of recovery, or that there would be no risk to himself or the public, from two medical men, the Sheriff may grant an order for his liberation. But the Lunacy Board has also this power, upon the opinions of two medical men whom they may consult; so that there might be a difference of opinion, and orders of an opposite nature granted.* The Sheriff may grant an order for confinement, and, next day, the Board may order the liberation of the insane, or supposed insane, person. This might be repeated, to the annoyance of all parties, but would be entirely avoided by the proposal, formerly suggested, of the Lunatics being under the care and at

* A case in which this occurred is mentioned in the 3d Report of the Lunacy Board, page 239.

the disposal of the General Board, except in disputed cases of appeal to the Sheriff.

Now, a difference of opinion exists as to the necessity or expediency of the Sheriff's warrant for admission to an Asylum. That obtaining this may be attended with trouble, inconvenience, and dislike, cannot be doubted. It forms a check, however, to improper confinement, to the extent of seeing that the necessary forms have been gone through; but the checks upon the certificates of the medical men, and the warrant of a District Inspector (appointed under the Act), in name and by authority of the Board, should be sufficient, unless in cases of dispute; for, in such cases, there might be an appeal to the Sheriff, who would institute a regular inquiry into the case, and appoint other medical men to report thereon, if he considered this necessary.

The authority for the removal of patients to Asylums or Licensed Houses for the reception of Lunatics in England, as also their detention and dismissal, is very different from that in Scotland. In place of an order from the Sheriff of the county, granted on the petition of some friend, accompanied by the certificates of two medical practitioners, an order is given in England by a Justice of the Peace, on a certificate of one medical practitioner after having seen the patient. When the patient is unable to be brought up or seen by the Justice, he may be visited by the clergyman of the parish and the relieving officer, who call for the opinion of a medical practitioner; and on the usual certificate of lunacy being granted by him, the said clergyman

and relieving officer may grant an order for his reception into an Asylum, Hospital, or House for the Reception and Care of Lunatics. An order by any other person must be accompanied by two separate certificates from two medical practitioners.*

After admission, the patient may be detained in the Asylum or other Licensed House until he is removed or discharged, either by authority of the visitors, or two of the Commissioners in Lunacy. Any person who considers himself aggrieved by orders of Justices under the Act may appeal to Quarter Sessions, within four months, whose decision is final and binding on all parties.

There is, then, in England a more simple process of dealing with lunatics than in Scotland, which seems to have answered well—its operation having proved satisfactory and unobjectionable.

From this experience, considerable modification in the Act for Scotland might safely be made, in regard to the Sheriff's order and medical certificates, as already stated.

If the mode of admission to Asylums were facilitated in Scotland, much prejudice and unpleasant feeling regarding the matter would be removed ; for, the Sheriff's order seems, to most people, so like a criminal commitment, that it is, if possible, avoided. Much trouble, delay, and expense are also incurred in getting the necessary documents completed ; so that the removal of the patient (always a reluctant step) is often delayed till the case has either become much worse, or has become incurable ; indeed, I may say it has been found, that

* Act 16 & 17 Victoria, Cap. 97, Sec. 67 & 74.

upon this depends whether 5 or 50 per cent. of those attacked will be cured. Facility for removal, therefore, should not only be secured by the Act, but every encouragement should be given for placing the patient under proper treatment as early as possible. For, there can be no doubt that every delay and every obstacle allowed to take place in the building of Asylums, or the removal to them of the new cases of insanity that are constantly occurring, by which they could be immediately put under proper treatment, tend to add to the chronic incurable cases, which are unhappily becoming so burdensome to themselves and to the country.

APPREHENSION AND CONFINEMENT OF DANGEROUS AND OTHER LUNATICS.

By a former and the present Lunacy Acts for Scotland (Sec. 85), lunatics who have been apprehended, "charged with assault or other offence inferring danger to the lieges, or where any lunatic, being in a state threatening danger to the lieges, shall be found at large, or in a state offensive to public decency, it shall be lawful for the Sheriff, upon application by the Procurator-Fiscal, or Inspector of the Poor, or other person, accompanied by a certificate from any medical person, bearing that the lunatic is in a state threatening such danger, forthwith to commit such lunatic to some place of safe custody ;" and the Sheriff is then required to direct notice to be given in the newspapers that an inquiry is to be made, on a day fixed, into the condition of the lunatic. Thereupon a trial takes place, evidence is led, and, if the proof is conclusive, the lunatic is committed to some Asylum or place of

safety at the expense of the person or parish liable for his maintenance.

This has been found to be a very troublesome and expensive procedure, and would, therefore, require revision.

If any person becomes manical or delirious from disease of the brain, why should he not be taken care of by committing and confining him, at the outset, in a Lunatic Hospital, just as another person would be to an Infirmary if delirious either from fever, a broken head, or a broken arm?

By the Lunacy Act for England, now in force, every constable, relieving officer, and overseer of any parish, who shall have knowledge that any person wandering at large (whether or not such person be a pauper) is deemed to be a lunatic, shall either apprehend such person and take him before a Justice, or procure an order from a Justice for his apprehension.* Or if he is not a pauper, and not wandering at large, but is deemed to be a lunatic, and is not under proper care and control, or is cruelly treated or neglected by any relative or other person having the care or charge of him, such officer is required to give information of the same, upon oath, to a Justice of the district. Upon which information the Justice either makes further enquiry into the case personally, or directs a medical person to visit, examine, and report upon the state of the individual. If the evidence adduced is conclusive, one Justice, or two in certain cases, may direct that such person shall be received into

* 16 & 17 Victoria, Cap. 97, Sec. 68.

an Asylum or proper place of safety, or placed under the care of some relation or friend.

Here, then, there is a prompt and easy mode of having either dangerous lunatics, or those improperly treated, being apprehended and removed so as to be placed under proper care and treatment. In Scotland we wait till the lunatic may have committed murder, or some other serious offence, and then proceed to have him confined. And, according to the 3d Report of the Lunacy Board, they have not power to remove a lunatic to an Asylum who is grossly and cruelly ill-treated.*

The Amendment Lunacy Bill of last session proposed several alterations as to commitment and expenses in regard to dangerous lunatics ; but the same cumbrous forms were to be continued, which have a disagreeable resemblance to criminal proceedings. But this process certainly appears to be too complicated, and might safely be arranged and simplified in accordance with the English law. It is to be presumed that Englishmen are as jealous of liberty as Scotchmen ; and I am not aware that any evil has arisen from the greater facility in the south division of the Island than in the north, for the proper care and treatment of lunatics.

CONTROL OF ASSESSMENTS.

By Sect. LIV. of the Act all expenses of building and upholding Asylums " shall be ascertained by the Board from the estimates or reports to be made thereof by the District Boards ;" and the

* See case of Mrs M'A. W., page 239.

gross amount is to be apportioned by the Board between the Counties and Burghs respectively ; the Board then gives notice to the Conveners of Counties and Chief Magistrates of Burghs of the sums to be levied on each, and which shall be assessed, laid on, and collected by the Commissioners of Supply and Magistrates of Burghs respectively.

According to this provision of the Act, neither the Commissioners of Supply nor Magistrates of Burghs have any control over the expenditure of the District Boards, except in the very indirect and uncertain appointment of the members of these District Boards, through the Prison Boards.

But before incurring considerable expenses, which are to fall upon the Counties and Burghs, it seems but reasonable that those who are to pay should be consulted, and have some control in the matter. And to accomplish this it would be necessary for District Boards to lay their plans and estimates before the Commissioners of Supply of Counties and Magistrates of Burghs for their approval, before submitting them to the Board of Lunacy for their approval, and applying for their order of Assessment.

In conclusion, the suggestions which are made for the amendment of the Lunacy Act in the foregoing remarks, are,

1. That a Central Board with Inspectors should be continued.
2. That District Boards should be appointed by the Commissioners of Supply of Counties and Town Councils of Burghs, and not by Prison Boards.
3. That the powers of the Board to order Asy-

lums should be limited, but should apply to other suitable houses.

4. That the definition of "Lunacy" should be altered.

5. That the confinement and care of lunatics should be facilitated, by an alteration of the existing forms and procedure necessary.

6. That the Commissioners of Supply and Magistrates of Burghs should have a certain control over the expenditure of District Boards.

A P P E N D I X.

N o. 1.



R E M A R K S

ON

DISTRICT OR COUNTY ASYLUMS FOR PAUPER LUNATICS,

Under the present Act of Parliament.

BY ALEX. WATSON WEMYSS, M.D.

HAVING been called upon, as a member of the District Lunacy Board, to take a part in the erection of an Asylum for the Counties of Fife and Kinross, and, in the discharge of this duty, to express opinions on different occasions somewhat at variance with those of the other members of the District Board with whom I acted, I felt it difficult to convince those who were non-medical of the soundness and importance of some of the positions I assumed. These were for the most part founded on the opinions of the most experienced Asylum doctors, who had spent the chief part of their lives in the treatment of the insane, and confirmed by my own observation. But, however well founded, I am afraid that some of these principles, which ought to be kept in view as of primary importance, may be lost sight of, and not acted upon, however necessary they may be to the proper treatment of insane persons.

The principles and opinions to which I allude, appear to me to be so necessary and of so essential importance, in applying the proper treatment for the recovery of insane patients, that I must be excused for again stating some of these, with the reasons in support of them, in order to bring them more distinctly before those who may be called on to act under similar circumstances, and to which I would direct their very careful consideration.

In the case of a human being becoming so affected as to require seclusion and confinement within a limited space, he requires

many comforts and conveniences within these to alleviate the misery of his condition, together with the assiduous care of attendants, and such space for recreation as will be most beneficial in altering the morbid current of his ideas, and promoting cheerfulness, which is often required to dispel gloomy forebodings and despair. But these cannot be obtained without much more cost than the building of an ordinary house, or poor-house. More space—a greater number of separate apartments—better finished, and furnished with peculiar fittings—airing yards—and greater accommodation for attendants—all tend to this expense, and cannot be avoided, if the work is to be done in a proper manner. An hospital, therefore, for the treatment and cure of the disease is required to be combined with an asylum for the care of chronic and incurable cases.

As preliminary points, I cannot doubt that all will agree with me in thinking that the first object to be attained in building an asylum is efficiency for its purpose, and the second, economy in its accomplishment. Keeping these in view, I remark,—

1. One department of a Lunatic Asylum should be considered, more than hitherto, as an Hospital for the curative treatment of a disease which, under favourable circumstances, is, in most cases, curable; while another department should consist of proper accommodation for the safety and care of chronic, incurable, and helpless lunatics. These may either be combined in one building, or they may be in separate houses under the same management.

In this disease the Asylum is really of itself the most important instrument of cure. Many parts of the proper treatment, moral and physical, depend on its construction. Hence, the importance of its form and arrangements; more especially for the safety, classification, subdivision, occupation, supervision, and seclusion, of its inmates. Without the means for carrying these into effect, a medical superintendent and others can do little or nothing to promote their cure; and all experience shows that the proportion of cures depends mainly on two things,—the early application of proper treatment, and the removal to a well-constructed Asylum admitting of these being carried into effect. In places where these are at command and zealously conducted—as in America—the cures have been from 75 to 90 per cent. In England, in several Asylums, and under favourable circumstances, the cures have reached 60 per cent. During 44 years at the ‘Retreat’ the cures were 79.16, or nearly 80 per cent., and the deaths 5 per cent.

When it is now stated that, taking the Asylums of England generally into account, the result has been 35 per cent. cured, 10 per cent. died, leaving from 35 to 55 per cent. as additions to the chronic cases, and that in private Asylums for paupers 20 per cent. died, it may reasonably be inferred that much of the success in the treatment depends on the proper construction of the Asylum. Because in those best constructed the most favourable results have taken place.

2. The extent and quality of the accommodation to be provided in a Lunatic Asylum should, as nearly as possible, resemble that to which its intended inmates have been accustomed at home. This is most agreeable to the feelings of the patients, while more is unnecessary.

For pauper lunatics ample space in all the apartments is desirable, with plain substantial furniture, but without ornament or superfluity. The day-rooms and sleeping-places should be distinct and separate from each other. They should have no appearance of coercion, restraint, or imprisonment, but rather cheerful, with proper means of ventilation, lighting, and heating.

Day-rooms should be situated chiefly on the ground-floor, to be of easy access to airing-grounds and workshops. They are much preferable to corridors, where, in some Asylums, large numbers of insane persons are congregated, much to their disadvantage in many respects. Their individuality is there lost in the confused mass, and, consequently, there is no opportunity for watching and attending to their particular cases, and the changes they may undergo, so that suitable treatment may be applied. In such an incongruous, noisy assemblage, every one seems in solitude ; conversation or amusement is rare ; and employment never. There may be seen the lunatic allowed to pursue his own morbid cogitations unheeded, his restless anxiety or obstinate sloth, without effort for his amendment.

Day-rooms, therefore, to subdivide, classify, watch, and occupy the patients, form a very important part of an Asylum. When made to contain 15 or 16 patients each, they can generally be engaged in some useful or entertaining employment ; they associate, converse, and amuse each other ; take an interest in one another, and their constant employment, in place of confinement and restraint, is kept up by the assiduity of the attendant, who is always present with them, and thus the patients are individually and properly cared for. In this, therefore, the most important part of their

treatment consists, and on which the proportion of recoveries very much depends. It may even be said that upon such means of treatment early applied may depend whether 5 or 60 per cent. of those admitted are restored to health and soundness of mind.

The sleeping-rooms of an Asylum for pauper lunatics generally consist of associated dormitories to hold from 8 to 18 patients. This is an arrangement adopted chiefly, if not entirely, for economy. It has nothing else to recommend it. We never see it adopted in Asylums for those who can pay for their board—they and their friends would object to it. Why, then, resort to it in the case of paupers who cannot complain? In a Lunatic Asylum large dormitories are very objectionable. Many of the patients being subject to a restless, noisy state, and little under control, disturb their neighbours, and so prevent that quietness which is indispensable to repose. Were it not for economy, most of the patients would be better in single bed-rooms. Hence there should be a very considerable proportion of single bed-rooms in every Asylum. It is the opinion of Dr Conolly of Hanwell (who brings to this question the experience of more than 30 years' charge of upwards of 1000 patients, as well as having the merit of being the first to extrude all mechanical restraint from Asylums in the treatment of the insane), that "in all Asylums the proportion of single bed-rooms appears to me to be too small; and I always recommend architects to have such rooms for at least two-thirds of the number of patients to be received into any proposed Asylum." "I would, therefore, have at least two-thirds of the bed-rooms single rooms, very few and small dormitories, and no large dormitories for any class of patients."*

I suggested that, as the proposed Asylum was to be of a mixed character, there should be single bed-rooms for one-third of the patients in place of one-fifth. I did so under an impression, which I still entertain, that in a Curative Asylum more single bed-rooms are required for separation and seclusion than in a department for chronic cases, where a much smaller proportion might be sufficient. It may easily be conceived to be of the greatest importance to have ample means for the separation of patients in an asylum—more especially when this adds very little to the expense of the building. I may add that this opinion could be amply confirmed by the most competent medical authority.

3. The best size of an asylum has been decided in England, on

* Conolly on Lunatic Asylums, p. 24, 25.

the Continent, and in America, to be such as will contain from 200 to 300 patients. But where a large proportion of chronic incurable cases has to be accommodated, the number may be greater. For these, however, although in connection with the asylum, separate and less expensive buildings are recommended. The above number, in a curative asylum (although the number may be greater in a mixed asylum), is found sufficient for the proper medical care and superintendence of a resident physician, while fewer would not be economical in a financial view.

If, therefore, asylum accommodation for pauper lunatics is required for a smaller number only than 300, it would be much better to combine with one or more counties to erect a larger one than to erect and maintain a smaller one—as for 150—because the cost of officials and attendants (being nearly the same for 150 as for 300) would be much greater in proportion for each patient; and, therefore, would add very considerably to the charge for the board of each. This may readily be seen by the printed reports showing the cost of pauper lunatics in large asylums.* Suppose the rate of board to be £24 per annum for each, £12 of this pays for their food, while the other half is required to cover the expenses of medical and other attendants, heating, lighting, and other necessary charges. Now, the greater part of these charges being the same for an asylum containing 150 patients as for another containing 300, it follows that that part of the charge for board, applicable to officials and management, would have to be doubled for each patient, to make up the necessary cost. Hence in place of, say £24 per annum for each patient, £36 would be required to meet the expenditure. It must, therefore, be obvious that the erection of an asylum for pauper lunatics to contain only 150, would be very far from economical, and Parochial Boards would have to pay a much higher sum for each patient sent to the asylum than at present. The result of this would be either a greatly increased expense to Parochial Boards, or the asylum would remain empty by their sending their pauper lunatics elsewhere.†

The above remarks refer to what is imperatively required of the county by the Statute, lately enacted; but it also contains per-

* See Report of Commissioners, p. 78, also Appendix, p. 231. First Report of Lunacy Board, p. 53. 2d Report, Appendix C.

† The buildings and other accommodation for the resident physician and other officials and attendants, as also the infirmary wards, being the same for 150 as for 300, would greatly add to the cost for a small asylum, in proportion to its extent.

missive provisions, which I consider to be of very great importance, both in a charitable and financial view.

By Section LXXX. of the Lunacy Act, the District Board has power, when the accommodation in the asylum admits of it, to admit lunatics from other districts, and lunatics not paupers, but who may be deemed proper objects to be admitted into a public asylum.

The admission of lunatics not paupers, as thus permitted, would be an act of the greatest charity, while at the same time it would not injure the institution, but, on the contrary, benefit the finances. And it would, moreover, prevent abuses which have occurred in England, by getting individuals, who could of themselves pay, made paupers, in order to be admitted into the District Asylums.

I need scarcely add that the limitation of the asylum in this district to 150 beds will, in all probability, prevent this provision from being exercised.

It is unnecessary to enter into the minor details of an asylum at present—such as the addition of an infirmary for sudden and temporary sickness, infectious disease, or the like—a separate ward for refractory and helpless patients—rooms for attendants—a chapel—a recreation hall—&c., &c.

But I may here remark that it appears to me to be a matter of considerable importance that an asylum should not be of greater height than two floors. This has been the general opinion of medical men of experience who have written upon the subject. They have adopted this opinion for several reasons—such as the difficulty of getting some insane persons up and down long stairs—their distant position from day-rooms, recreation grounds, and workshops—the additional trouble caused to attendants and servants by having to climb so many stairs; so that the patients and their apartments are apt to be neglected, or less attended to than they ought to be. A third floor, however, or attics, may be necessary, and not objectionable for sleeping-rooms, to quiet and more orderly patients, for attendants' rooms, or for stores; but there should be no patients' day-rooms on a third floor. A third floor, though, perhaps, economical, would be very dangerous in case of fire occurring in the asylum. The refractory ward should be of one floor only in height, and separate from the other wards, that noisy patients may not disturb others.

4. The necessary and most efficient accommodation for a pauper lunatic asylum, as shown by experience, having been ascertained

and agreed upon, the next and very important question is, How are these to be obtained in the most economical manner? There can be no doubt that the most economical form of buildings is that of square blocks, by which the greatest extent of space is enclosed with the least extent of walls, and consequently at least expense. On the other hand, the more the building is spread out and extended, and the more narrow in proportion to its length, it will be the more costly and less economical. By the latter form the extent of foundation, of walls, and of roofing, are greater in proportion to the extent of accommodation, and the cost of heating and lighting would also be greater than in a more condensed building. The attendants, too, would be nearer to each other, in case of their requiring assistance, in a condensed building, than if extended, by which fewer attendants might be required, and thus a saving made.

Let the inmates of an asylum, who are of necessity confined within a small area, have plenty of spacious, well-aired apartments — plain, and without expensive finishings, substantially furnished, and heated, as far as possible, by open fire-places, which form the best means of ventilation.

In heating and ventilating asylums, I am afraid that very little confidence is to be placed in any of the complex machinery which has been invented and tried for the purpose; because, after having examined a great many of these, it is the opinion of those best able to judge of them, that they have all signally failed in accomplishing the ends expected. They are generally too complicated, apt to be deranged or neglected, and have, therefore, been generally condemned. Open fire-places, together with proper arrangements for the admission and exit of air, form the best mode of securing proper ventilation. Large rooms and dormitories may, in addition to open fire-places, require to be heated by hot water pipes.

5. Should different buildings be erected for the two different classes of patients, consisting of recent, acute, and curable cases, and those of a chronic and less curable nature?

The proper treatment of cases of the former class requires more accommodation and means of classification than the latter; and hence, the strong recommendation of the Lunacy Board for England, as well as of that for Scotland, should be adopted, to erect separate and less expensive houses within the Asylum grounds for chronic and incurable cases; such as have been built at Devon, Chester, and Birmingham, at an average cost of £45 per patient.

This, I have proposed and recommended on several occasions, but regret to say that it did not meet with that consideration which it deserves. Its adoption would not only effect a very large saving of expense in buildings, but also in after management; as the cases occupying such buildings, being properly classified, would require fewer attendants than if mixed with other cases in the Asylum. The removal of such chronic cases, also, from those of the hospital department, would contribute not only to the comfort of the latter, but likewise to their better treatment and recovery; because, the presence of an accumulation of such cases forms a most inconvenient incubus to a curative establishment, without any benefit.

To those who may still have a lingering desire to send pauper lunatics to Poor-houses, I would renew the objections I formerly set forth upon the subject, as deduced from experience. When pauper lunatics are placed in a Poor-house they have, in general, many miseries to encounter. The house is wanting in the accommodation required for them. Even when proper wards are provided, the medical supervision, attendants, diet, clothing, exercise, and other needful provisions, are deficient. The rooms are crowded, ill ventilated; the airing-yards are small, and the sleeping-rooms are used as day-rooms. There is no opportunity for classification; and neither separation, association, nor proper occupation, can be practised. The weak and infirm, the violent, the quiet, the noisy, the indecent, the dirty, are all mingled together. The rooms are gloomy, and want proper furniture. By day things are bad, but by night worse. There is no proper authority—no records kept—no means used for cure or improvement. So the patients generally become worse in habits—wan and wasted in body; which circumstances (as they are unable to complain,) too plainly show their condition. Who, then, would send pauper lunatics to be confined in a poor-house, where they are imprisoned without hope or chance of amendment? Their treatment in the Poor-house is doubly cruel: they are deprived of healthful exercise, and exposed to many causes of irritation and discomfort to aggravate their malady and subject them to further punishment! By such treatment their case is very soon rendered hopelessly incurable. There may be some cases of certain degrees of imbecility and idiocy who might be treated in a Poor-house; these, however, form but a very small proportion of the cases of pauper lunatics requiring an Asylum.

In order to ascertain the proper amount and kind of accommodation to be provided for the pauper lunatics of the district, it is

neecessary to look into the statistics of insanity, and of the district, in so far as they bear upon this question. But in doing so I must refer partly to the statistics of England, because the records and experience of Scotland are as yet too limited for any accurate conclusion.

1. The proportion of lunatics to the population of England, according to the Report of the Commissioners on Lunacy was, in 1857, 1 to 600 of the population.

2. The proportion of pauper lunatics to the others is about 4 to 1.

3. The increase of the number of lunatics in England annually is 1600 ; of these about 1300 are paupers.

4. This annual increase is in a greater ratio than in proportion to the increase of the population.

5. Of the total number of lunatics in any large mixed asylum, not more than 10 or 12 per cent. are considered eurable.

6. Those who recover, amounting to from 35 to 55 per cent. of the new admissions, do so within 12 months, and of the remainder, 10 per cent. within two years, after the commencement of their illness. The cases of the rest either terminate in death, or become chronic and incurable.

7. The new admissions in each year to large mixed asylums very nearly balance the number discharged (cured and uncuried), and the deaths, with a small increase of chronic cases.

From the above it follows that the great majority of the pauper lunatics for whom provision has to be made consist of chronic and incurable cases, and a number (equal to 10 or 12 per cent. of these) of recent and eurable cases.

Now, assuming that suitable accommodation were to be made for the whole that have been reported in Fife, amounting to 275, an asylum for chronic cases to accommodate 245 of these, and 30 curable cases, is the utmost that could be required.

But suppose the number to be provided for is fixed at 250, what is required may be stated thus,—An asylum is required for the district of Fife and Kinross for 200 pauper lunatics whose cases are chronic and incurable, having connected with it eurative wards for 25 patients of each sex, whose cases admit of medical and remedial treatment, in addition to the two infirmary wards for 12 patients each required by the General Board—the buildings to be such as to afford ample accommodation, but of a plain and economical description.

It is the general opinion, and recommended on all hands, that the accommodation, such as above described, ought to be of a much less expensive character than hitherto practised—a circumstance which should be adopted by this and other local Boards.

There seems to be no difficulty in carrying such a plan into effect. In place of erecting an expensive curative asylum for 150 or 200 patients, which is not required for the small number of curable cases of a district so limited in extent, one of a secondary description only should be obtained, having within it such an amount of hospital or curative accommodation as may be required. This latter would be of such small extent for this district, that a separate building would neither be necessary nor economical, being only required, at most, for 40 or 50 patients, a considerable proportion of whom, who might not be cured, would, after a certain time, be transferred either to the care of their friends, or to the secondary department of the asylum.

If a plan similar to that I have suggested were adopted, not only would the present outlay be greatly diminished, but the daily expense of management would be lessened, and, consequently, the inmates would be kept at a lower rate of board than by any of the plans previously proposed.

What should be the cost of the asylum accommodation for this district, consisting of the Counties of Fife and Kinross?

From what has been above stated, the asylum proposed to be erected is chiefly required for the safety and care of chronic and incurable pauper lunatics. It has been shown that although such cases do not require, as they are not fit subjects for, medical and remedial treatment, the wards of an ordinary Poor-house are not, in general, properly adapted for them, being wanting in the means of classification, superintendence, occupation, and recreation, while the accommodation afforded by the building may be in other respects sufficient. But supply the deficiencies alluded to, and similar buildings with their appendages might answer the purpose with very little enlargement. This, however, would be adding an asylum, with its attendants, to the Poor-house.

Now as the cost of curative asylums erected in England having been, at an average, £154 per bed; and the average cost of Poor-houses erected in Scotland during the last 10 years have only been about £20 per bed, surely it may be inferred that (as in England), at a cost not exceeding £45 per bed, ample and suitable accommodation could be obtained, having, within the same building, proper curative wards for pauper lunatics.

When any one proposes to build a house for himself, and applies to an architect for a suitable plan he informs the architect of the accommodation required, and fixes a limit for the cost. Why should not the same course be adopted here? Let it have a trial, and see what can be done, before any such plan as those hitherto proposed, which would probably have cost from £90 to £100 per bed, are adopted.

A. W. WEMYSS.

Denbrae, 21st May 1861.

A P P E N D I X.

No. II.

The following is the substance of a speech delivered at a meeting of the District Lunacy Board for Fife, on the 29th August, 1861 :

Dr WATSON WEMYSS rose to move the motion of which he had given notice in the business paper, and in doing so laid upon the table the Sketch of a Plan for an Asylum for the pauper lunatics of the district. The motion was to the following effect :—“That the general principles of arrangement and construction exhibited in this plan be approved of by this Board, and adopted in their instructions to the architects.” He said—The short printed remarks which accompany this plan having been in your hands for several weeks, you have had an opportunity to consider them deliberately. They take a medical view of the subject, intended to show the most approved general principles. The object being the construction of a mixed asylum for pauper lunatics, whose number is limited, combining efficiency with economy, these can best be secured by attention to the following principles set forth in the sketch—1st, the size of the asylum, being for about 250 patients ; 2d, the several distinct departments for classification and treatment, with their relative proportionate size to each other ; 3d, the position of the different wards, each being complete in itself, with day-room, dormitories, and other accommodations ; 4th, the proportion and position of single bed-rooms ; 5th, the form of the building, the most economical ; 6th, the size of the dormitories, their being none larger than to hold 12 beds ; 7th, day-rooms of moderate size, in place of galleries or corridors, to be used as day-rooms. Each of these, I consider, has been adopted and may be established on good grounds ; and the whole seems to me to be the arrangement which would be most approved of by the profession to which I belong. The same objects may be attained by various other forms and constructions, but, probably, by none which so well combine efficiency with economy ; but efficiency with me has always been placed before economy. Without efficiency no asylum would be economical, and might be useless.

In a matter of this magnitude and importance it is both reasonable and proper that it should be viewed and considered in all its aspects ; and, also, that the ratepayers, who are to supply the funds, should be satisfied as to the necessity for the works proposed, as

well as their being proceeded with in an economical manner. The ratepayers know that by the late Act of Parliament, certain powers have been created, by which lunatic paupers must be provided for in a new and particular manner, by the erection of district lunatic asylums, to accomplish which a Central Board for Scotland has been established, with the most complete arbitrary powers as to the expense to be incurred. It has now been decided that an asylum is necessary for a district consisting of the counties of Fife and Kinross, and a District Lunacy Board has been appointed to carry this into effect. But a very difficult question arose as to the size necessary for the asylum—in short, whether it was to be made for one, two, or three hundred pauper lunatics. There can be no doubt that the number of pauper lunatics in the district, and either partially or wholly maintained by Parochial Boards, as ascertained by the inspectors for these Boards and the General Lunacy Board, is not less than 275 for Fife and 16 for Kinross, making altogether 291 for the district, that being the number officially stated in their latest reports. Of these, 208 have been removed and boarded from home in public and private asylums, or in poor-houses ; while 67 are with relatives or friends ; 13 are with strangers ; and 3 live alone. Upon this, the General Board instructed the District Board to erect an asylum for 250 pauper lunatics. Now, an opinion has prevailed, to a certain extent, that too many of the pauper lunatics of the district have been sent to asylums ; so that a greater amount of them ought to be left at home or with friends. This opinion has been followed up by the inference that, were this done, the number left would be so small that an asylum for the district would not be necessary, or would be so only for a much smaller number of inmates than ordered by the General Board. Some statements also made by the Lunacy Commissioners for Scotland, in their second and third annual reports, have tended to favour the opinion above stated. But certainly no one acquainted with the subject can entertain such an opinion ; 1st, because none of the 208 in asylums would have been sent from home without the most urgent necessity, by their friends and relatives being unable to manage them ; 2d, because their cases are now more properly treated and cared for than if they had been left at home. Others have said that an asylum for 150 might be sufficient for the district, in the first instance, and extended as necessity required. And the General Board gave assent to this proposal, obviously because it sufficiently provided for the accommodation of the pauper lunatics

—the county being bound to make such additions as might become necessary. But those acquainted with the subject know that of the 208 placed in asylums, probably very few could be entrusted to the care of friends ; and of the remaining 83 in the district, several would be removed to a proper asylum when built. Making all reasonable allowance for such changes, there would be at least 200 pauper lunatics in the district requiring asylum accommodation either of a primary or secondary character. Would these be removed from their present quarters to the district asylum ? Of the pauper lunatics of the district, 65 are in public asylums, 104 in licensed houses, and 39 in poor-houses. The public asylums are known to be at present much over-crowded ; so that it would be of the utmost importance to the individuals contained in them that many of them were removed to houses less crowded, and where more individuality of treatment could be applied. In objectionable licensed houses 82 of our pauper lunatics are lodged ; but as these houses are intended by the General Board to be closed, when asylum accommodation is obtained, their inmates would of necessity be removed ; while the greater number of those in poor-houses would also be removed to the asylum. There can, therefore, be no reasonable doubt that, at the present time, there are 200 pauper lunatics belonging to the district who would be fit objects for the asylum, and whose removal to it would, I think, be an imperative duty on the part of their friends and the inspectors for the Parochial Boards. A district asylum to contain 200 lunatics would therefore prove an imperfect provision for the district of Fife and Kinross, reported to have and maintain (275 and 16) 291 pauper lunatics, of whom 208 are at present of necessity kept in asylums and poor-houses, and 83 with relatives or strangers. In addition to these the asylum should have also accommodation for the admission of 30 new cases annually, and for the residence of such of these as may prove incurable. Taking all these circumstances into account, it appears to me, that the asylum should be built at the outset for 250 patients. I have hitherto argued this question entirely as one of necessity for the proper care and welfare of the pauper lunatics now so far under our charge. By others it has been argued as a matter of economy.* But by all it might also be recommended as a measure of humanity and charity. So that all parties might unite in carrying forward a measure which would

* It has been amply demonstrated that asylum treatment is more economical than that of the poor-house. See Reports of Board, &c.

for the future put an end to the confinement of insane persons for years, in a state of nudity, in damp cellars, in cages among straw, or chained to the walls. Some individuals who admit that some provision is necessary for the reception and care of pauper lunatics, seem to make this a question, whether asylums should be built resembling poor-houses, or poor-houses should be made to resemble asylums?—some change being necessary. If the question were really to come to this, there could be no doubt as to the proper solution of it. The one would only be fit to receive a very limited number of cases requiring to be accommodated, and these would receive little treatment of a beneficial character; while the other would be prepared for all cases, and apply proper treatment, which, if not successful in curing them, would ameliorate their condition; and if seasons of violent outbreak or danger from excitement should occur in any of the cases, the proper means of care would be at hand in the other wards of the asylum, by which removal from the poorhouse to an asylum would be obviated.

Another point under consideration has been regarding cottage asylums, or cottage homes for pauper lunatics. Considerable discussion has lately taken place regarding what has been called the Cottage System, or the cottage homes for the treatment of pauper lunatics. This has been suggested by that very remarkable village, Gheel, in Belgium, where, amongst an agricultural population of 11,000 persons, 800 lunatics are boarded and taken care of without the confinement and restraints of an asylum. The practice of taking in lunatics as boarders has been practised by the cottagers in this sequestered village for a very long time, and has gradually grown up to its present magnitude. By this lengthened experience, not only have the population become accustomed to the association of these lunatics with them, but have also become expert in their management. By reports by resident medical men who now superintend the care and treatment of the lunatics, and the detailed descriptions given by those who have visited this colony, we are in possession of full information in regard to it. From this we find—1st, that only a certain class of cases are suitable for this kind of treatment; 2d, that they are not so well cared for as in the asylums of this country; 3d, that proper medical superintendence is deficient, and difficult to be attained; 4th, that mechanical restraint is much more resorted to than in the asylums of this country; 5th, the conclusion come to is, that such a system is only advisable as an addition to an asylum, where proper medical supervision is at hand.

and where removal to the asylum is easy in cases of excitement, or where a dangerous aggravation of insanity should come on. In taking a view of this matter, it may be said that the Cottage system of treatment of pauper lunatics is already practised in this country to the full extent to which it is safe or advisable, in those cases where the lunatics reside with their relatives, or are boarded in private houses with strangers. The number in this position in the district of Fife and Kinross is 83, out of 291, being as large a proportion of the pauper lunatics living in cottages as are fit subjects for this sort of treatment ; those in poor-houses belong to the same class, chiefly imbeciles and idiots. Very probably if any of those now in asylums were found at large they would be laid hold of by the authorities and confined as dangerous lunatics. At Gheel, though two medical superintendents have lately been appointed, they are considered too few for the duties they have to perform ; and they find that an hospital or curative asylum is so much wanted that one is now in preparation. While, therefore, we are talking of imitating their cottage treatment, they are finding it necessary to adopt our asylum treatment in addition to the present existing means of care and management. It is very obvious that this system cannot, at present, be further adopted by us so as to supersede the establishment of a central lunatic asylum. It may afterwards be adopted to a limited extent for convalescents and others in connection with the asylum ; but this is the utmost to which it can be resorted by this District Board, or to which it would obtain the approval of the medical profession.* Consider that the chief regret of medical men, in treating this disease, has always been that, by the mistaken kindness of friends, patients are too long kept at home before being sent to an asylum ; and that this is one of the greatest obstacles to recovery. Consider also that in the numerous relapses which take place in patients cured, the recurrence of their illness has been most commonly caused by their having been too soon discharged from the asylum, by the importunity of friends, and contrary to the advice of the medical attendants ; hence an asylum cannot be dispensed with for a large majority of the cases in a district like this. It should consist of the departments or divisions I have described, with the addition, if you will, of a detached house or cottages for convalescents, for the probation and completion of their recovery. The Doctor concluded by saying that all who were conversant with asylum treat-

* See Remarks by Dr Brown and Dr Sibbald.

ment were agreed that the great difficulty to be encountered, in successfully treating the lunatics, had always been the reluctance on the part of friends to send the patients to the asylum soon enough, in order that they might be better cared for, and better treated, than they could be at home. It was also the regret of medical men that, in many cases, there was such urgency and importunity shewn by relatives to have the patients too early taken out of the asylum, the consequence of which was that in the majority of the cases discharged, there was a relapse, and the patients had to be sent back again to the asylum.

A P P E N D I X.

No. III.

Letter from the General Board in Edinburgh, in reply to Dr Watson Wemyss requesting to know what they considered to be the proper number that should be fixed upon for erecting an Asylum, taking into consideration the number of pauper lunatics in the district—

SIR,—In reply to your letter of the 31st ult., enquiring the amount of accommodation for lunatics, which, in the opinion of the Commissioners, ought to be provided in the District of Fife and Kinross, I am directed to state that they would consider it an error to build for less than 250. This opinion they rest on the fact that there were on the first January 1861, 211 pauper lunatics chargeable to the district already in Asylums and lunatic wards of Poor-houses, and also on the ground that there is no reason to think that the counties of Fife and Kinross are exempt from the operation of those causes, which in all civilised countries are steadily increasing the number of the insane poor for whom Asylum accommodation is demanded.

It is true that the Commissioners have expressed their belief that there are in Asylums a considerable number of patients who might very properly be disposed of in private houses. But this cannot be done without a certain degree of inconvenience to the families of the patients, and of responsibility and trouble to the Inspectors of the Parishes to which they are chargeable; and it has yet to be proved to what extent any alteration in the law, removing the statutory impediments to the disposal of patients in private houses, would overcome the frequent unwillingness of relatives and Inspectors to undertake their case.

Besides, there can be little doubt that if an Asylum for 250 were found at first too large for the accommodation of the pauper lunatics of the district, the vacant room would in all probability soon be occupied by patients maintained from their own resources; and I need scarcely point out that it would be for the interest of the ratepayers to offer every facility to the public, to send patients to Asylums, without making it an indispensable condition in the first place to constitute them paupers.

In my letter of the 22d March 1861, I stated that the Board would not object to the erection of an Asylum for 150 in the first instance. They are still ready to approve of an Asylum of this size as a beginning, but they are satisfied it would be greatly for the interest of the district to build at once for a considerably larger number.

I am, sir, your obedient servant,

W. FORBES, Secretary

By the Same, Price 1s.

REMARKS ON ASYLUMS
FOR
PAUPER LUNATICS,
WITH A SKETCH OF A PLAN FOR THESE.